



**U.S. Congressman Lincoln Davis
Privacy Authorization Release Form**

Date: _____

Full Name: _____

Mailing Address: _____

County: _____

Phone(1): _____

Email: _____

Phone(2): _____

Social Security Number: _____

Date of Birth: _____

Agency: _____

Tracking Numbers (VA Identification, CSA Number, IRS Number, INS Number):

Brief Description of Problem/Concern: _____

As required by Public Law 93-579, "Privacy Act", I hereby request and authorize Congressman Lincoln Davis and his staff to make any necessary inquiry and/or intercession on my behalf in connection with any matter I have pending with the following agency or program. I also authorize officials associated with the listed agency or program to release any relevant or necessary information to Congressman Lincoln Davis and members of his official staff.

_____/_____/_____
Signature **Date**

Mail To:

Jamestown Office	Rockwood Office	Columbia Office	McMinnville Office
P.O. Box 964 Jamestown, TN 38556	P.O. Box 88 Rockwood, TN 37854	1804 Carmack Blvd, Suite A Columbia, TN 38401	477 North Chancery, Suite A-1 McMinnville, TN 37110
Fentress, Pickett, Scott, Morgan, Cumberland	Campbell, Roane	Giles, Hickman, Lewis, Lawrence, Lincoln, Maury, Moore, Williamson	Bledsoe, Coffee, Grundy, Franklin, Marion, Sequatchie, Van Buren, Warren, White